DISTRICT OF

COLUMBIA

MUNICIPAL

REGULATIONS

FOR

PODIATRY

CHAPTER 68 PODIATRY

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6800 GENERAL PROVISIONS

- 6800.1 This chapter shall apply to applicants for and holders of a license to practice podiatry.
- 6800.2 Chapters 40 (Health Occupations: General Rules) and 41 (Health Occupations: Administrative Procedures) of this title shall supplement this chapter.

AUTHORITY: Unless otherwise noted, the authority for this chapter is §302(14) of the District of Columbia Health Occupations Revision Act of 1985, D.C. Law 6-99, D.C. Code §2-3303.2(14) (1988 Repl. Vol.), 33 DCR 729, 732 (February 7, 1986), and Mayor's Order 86-110, 33 DCR 5220 (August 22, 1986).

SOURCE: Final Rulemaking published at 35 DCR 955 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007).

6801 TERM OF LICENSE

- 6801.1 Subject to § 6801.2, a license issued pursuant to this chapter shall expire at 12:00 midnight of March 31st of each even-numbered year.
- 6801.2 If the Director changes the renewal system pursuant to §4006.3 of chapter 40 of this title, a license issued pursuant to this chapter shall expire at 12:00 midnight of the last day of the month of the birthdate of the holder of the license, or other date established by the Director.

SOURCE: Final Rulemaking published at 35 DCR 955 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007).

6802 EDUCATIONAL REQUIREMENTS

- 6802.1 Except as otherwise provided for in this subtitle, an applicant for licensure must possess a Doctor of Podiatric Medicine degree (DPM) awarded by a podiatry school or college accredited by the Council on Podiatric Medical Education (CPME) in the year the applicant graduated. An official transcript shall serve as satisfactory proof of being awarded a degree of Doctor of Podiatric Medicine.
- 6802.2 Except as otherwise provided in this regulation, an applicant who submits an application for a license shall complete two (2) years of post-graduate clinical training in a residency program approved by CPME, or its successor, and approved by the Board in order to be eligible for the examination. The Board may waive this requirement at the request of an applicant who has practiced podiatry in another state for at least five (5) years immediately before applying for a license in the District.

SOURCE: Final Rulemaking published at 35 DCR 955 (February 12, 1988); as amended by Final Rulemaking published at 37 DCR 2747, 2754 (May 4, 1990); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007).

6803 [**RESERVED**]

6804 NATIONAL EXAMINATION

- To qualify for a license by examination, an applicant shall pass Parts One (1), Two (2), and Three (3) of the National Board of Podiatric Medical Examiners exam, or exams approved by the Board.
- 6804.2 Repealed.
- 6804.3 Repealed.

SOURCE: Final Rulemaking published at 35 DCR 955, 956 (February 12, 1988); as amended by Final Rulemaking published at 37 DCR 2747, 2754 (May 4, 1990); as amended by Final Rulemaking published at 50 DCR 5294 (July 4, 2003); and as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007); as amended by Notice of Final Rulemaking published at 58 DCR 8578, 8579 (October 7, 2011).

6806 CONTINUING EDUCATION REQUIREMENTS

- Subject to § 6806.2, this section shall apply to applicants for the renewal, reactivation, or reinstatement of a license.
- This section shall not apply to applicants for an initial license by examination, reciprocity, or endorsement, nor shall it apply to applicants for the first renewal of a license granted by examination.
- A continuing education credit shall be valid only if it is part of a program or activity approved by the Board in accordance with § 6807.
- 6806.4 An applicant for renewal of a license expiring on March 31, 2020, and all subsequent licensure terms shall submit proof pursuant to § 6806.7 of having completed fifty (50) hours of approved continuing medical education (CME) during the two (2) year period preceding the date the license expires. At least ten percent (10%) of the total required CME shall be in the subjects determined by the Director as public health priorities of the District every five (5) years or less frequently as deemed appropriate by the Director with notice of the subject matter published in the D.C. Register. The Board shall disseminate the identified subjects to its licensees when determined by the Director via electronic communication and through publication on its website. Twenty-five (25) CME credits must be directly related to the practice of podiatric medicine. Two (2) hours of CME are required in cultural competence and appropriate clinical treatment specifically for individuals who are lesbian, gay, bisexual, transgender, gender non-conforming, queer, or questioning their sexual orientation or gender identity and expression. The CME credits may include the cardiopulmonary resuscitation (CPR) certification (as required in § 6811) or CME offerings through attendance at professional or scientific meetings of local, state, regional, national, or international professional or scientific organizations. Thirty (30) CME credits may be completed online. Proof of successful completion shall be submitted within thirty (30) days after it is requested by the Board.
- To qualify for a license, a person in inactive status within the meaning of § 511 of the Health Occupations Revisions Act, D.C. Official Code § 3-1205.11 (2016 Repl.), who submits an application to reactivate a license shall submit proof pursuant to § 6806.7 of having completed fifteen (15) hours of approved continuing education credit for each license year that the applicant was in inactive status, up to a maximum of seventy-five (75) hours.
- To qualify for a license, an applicant for reinstatement of a license shall submit proof pursuant to § 6806.7 of having completed twenty-five (25) hours of approved continuing education credit for each year that the applicant was not licensed, up to a maximum of one hundred twenty-five (125) hours.

- An applicant under this section shall prove completion of required continuing education credits by submitting with the application the following information with respect to each program:
 - (a) The name of the program, its location, a description of the subject matter covered, and the names of the instructors;
 - (b) The dates on which the applicant attended the program;
 - (c) The hours of credit claimed; and
 - (d) Verification by the sponsor of completion, by signature or stamp.
- An applicant for renewal of a license who fails to submit proof of having completed continuing education requirements by the date the license expires may renew the license up to sixty (60) days after expiration by submitting proof pursuant to § 6807 and by paying the required additional late fee.
- Upon submitting proof of paying the late fee, the applicant shall be deemed to have possessed a valid license during the period between the expiration of the license and the submission of the required documentation and payment of the late fee.
- If an applicant for renewal of a license fails to submit proof of completion of continuing education requirements or pay the late fee within sixty (60) days after the expiration of applicant's license, the license shall be considered to have lapsed on the date of expiration.
- The Board may, in its discretion, grant an extension of the sixty (60) day period to renew after expiration if the applicant's failure to submit proof of completion was for good cause and proof of documentation. For the purposes of this section, "good cause" includes the following:
 - (a) Serious and protracted illness of the applicant; or
 - (b) The death or serious and protracted illness of a member of the applicant's immediate family; or
 - (c) Any other appropriate circumstances at the discretion of the Board.
- The Board shall conduct a random audit of ten (10) percent of licensees to determine compliance with the continuing education requirements. The licensees shall submit proof of compliance with the continuing education requirements within thirty (30) days after it is requested by the Board.

SOURCE: Final Rulemaking published at 35 DCR 955, 956 (February 12, 1988); as amended by Final Rulemaking published at 54 DCR 8072 (August 17, 2007); as amended by Final Rulemaking published at 58 DCR 8578, 8579 (October 7, 2011); as amended by Final Rulemaking published at 64 DCR 8587 (September 1, 2017).

6807 APPROVED CONTINUING EDUCATION PROGRAMS AND ACTIVITIES

- The Board may, in its discretion, approve continuing education programs or activities that directly or indirectly correlate to podiatric medicine and surgery that contribute to the growth of a licensee in professional competence in the practice of podiatry which meet the other requirements of this section.
- The Board may approve the following types of continuing education programs, if the program meets the requirements of § 6807.3:
 - (a) A seminar or workshop;
 - (b) A program offered at professional or scientific meetings of local, state, regional, national, or international professional or scientific organizations; and
 - (c) In-service training.
- To be considered for approval by the Board, a continuing education program shall:
 - (a) Be current in its professional subject matter as it relates to podiatric medicine;
 - (b) Be developed and taught by qualified individuals; and
 - (c) Meet one of the following requirements:
 - (1) Be pre-approved by the CPME or other accrediting body in the field of podiatric medicine; or
 - (2) Be submitted by the program sponsor to the Board for approval no fewer than sixty (60) days before the date of presentation.
- The Board shall issue an updated list of approved continuing education programs annually.

- An applicant shall have the burden of reviewing the Board's updated list of approved continuing medical education programs, and verifying whether a program is approved by the Board pursuant to this section prior to attending the program.
- In accordance with § 6807.1, credit shall be given for business or information technology courses that relate to the practice of medicine and surgery. No more than ten credits will be accepted by the Board derived from practice management courses that correlate to the practice of medicine.

SOURCE: Final Rulemaking published at 35 DCR 955, 958 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007); as amended by Notice of Final Rulemaking published at 58 DCR 8578, 8579 (October 7, 2011).

6808 CONTINUING EDUCATION CREDIT

6808.1.1 The Board may grant continuing education credit for whole hours only, with minimum of fifty (50) minutes constituting one (1) credit hour.

6808.2 - 6808.11 Repealed.

SOURCE: Final Rulemaking published at 35 DCR 955, 958 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007).

6809 RESERVED

6810 PODIATRIST'S PROFILE

- An applicant for an initial license or renewal of a license to practice podiatry shall provide to the Board of Podiatry the following information within thirty (30) days from the date of the initial application or renewal or, change in the following information:
 - (a) The address and telephone number of the primary practice setting and all secondary practice settings with the percentage of time spent at each location;
 - (b) The names of schools of podiatry and graduate podiatric education programs attended with dates of graduation or completion of training;

(c) The names and dates of specialty Board qualification or certification, if any, as approved by

the American Board of Foot and Ankle Surgery, the American Board of Podiatric Medicine,

the American College of Foot and Ankle Surgeons, and the American Board of Multiple

Specialties in Podiatry;

- (d) The number of years in active, clinical practice in the United States or Canada following completion of podiatric training and the number of years, if any, in active, clinical practice outside the United States or Canada;
- (e) The area of specialty, if any, in which the podiatrist practices;
- (f) The names of hospitals with which the podiatrist is affiliated;
- (g) Appointments, if applicable, within the past ten (10) years to medical school or podiatric

school faculties with the years of service and academic rank;

- (h) Publications, not to exceed ten (10) in number, in peer-reviewed literature within the most recent five-year period, to be supplied at the physician's discretion:
- (i) Access, if any, to translating services for non-English speaking patients at the primary and secondary practice setting and which, if any, foreign languages are spoken in the practice;
- (j) Whether the podiatrist participates in the District Medicaid and Medicare programs and whether he or she is accepting new Medicaid and Medicare patients, or D.C. Health Alliance;
- (k) The names of insurances accepted by the podiatrist, to be supplied at the podiatrist's discretion;
- (l) Information on misdemeanor and felony convictions including the date(s) of the conviction, the nature of the conviction, the jurisdiction in which the conviction occurred, and the sentence imposed, if any;
- (m) Within the last ten (10) years, final orders of any regulatory board of another jurisdiction that resulted in the denial, probation, revocation, suspension, or restriction of any license or that resulted in the reprimand or censure of any licensure, fines imposed, or the voluntary surrender of a license while under investigation in a jurisdiction other than the District of Columbia, restriction or termination of privileges at a healthcare facility as a result of peer review

- action, as well as any disciplinary action taken by a federal health institution or federal agency; and
- (n) The date, amount, and description of any malpractice settlement amount or payout resulting from a judgment made within the last ten (10) years.

SOURCE: Final Rulemaking published at 35 DCR 955, 959 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007).

6811 CARDIOPULMONARY RESUSCITATION CERTIFICATION REQUIREMENT

- For each licensure period beginning on or after April 1, 2012, an applicant for initial licensure or for renewal, reactivation, or reinstatement of a license shall be certified in cardiopulmonary resuscitation (CPR) by successfully completing an authorized course.
- An approved CPR certification or recertification course shall be eligible for a maximum of three (3) continuing education credit hours.
- Board-approved sponsors for CPR training include, but are not limited to:
 - (a) The American Red Cross;
 - (b) The American Heart Association;
 - (c) The American Safety and Health Institute; and
 - (d) Ursus Lifesavers and Aquatics.

Source: Notice of Final Rulemaking published at 58 DCR 8578, 8580 (October 7, 2011).

6812 HEALTH CARE RECORDS

- A podiatrist shall maintain accurate, detailed, legible, and organized health care records documenting all information collected pertaining to a patient's health status.
- A podiatrist shall not erase, alter, or conceal information in a patient's health care records.
- A podiatrist shall initial and date any correction made to a patient's

health care record in the corresponding margin and shall maintain the legibility of any information that has been corrected.

- A podiatrist shall release, within twenty-one (21) days after receipt of a request, a copy of a patient's health care records when the request is made by:
 - (a) The patient; or
 - (b) The legal representative or guardian of a patient or person authorized to have access to the patient's record under a health care power of attorney.
- A podiatrist may charge a reasonable copy fee per health care record and may refuse to provide a copy of the patient's health care until payment has been made.
- Health care records shall be maintained for a minimum period of three (3) years after the last contact by the podiatrist with an adult patient and a minimum period of three (3) years after a minor patient reaches the age of majority.
- A podiatrist shall post information in his or her office to inform patients of the period for health care record retention.
- Patient health care records shall be destroyed in a manner that protects patient confidentiality, such as by incineration or shredding, and then only after notice is provided to the last known address of the patient at least sixty (60) days before destruction.
- Patient health care records stored electronically shall have an established system of weekly back-up.
- When a podiatrist is closing, selling, or relocating his or her practice, he or she shall notify current and former patients whose health care records are being held by the podiatrist, at the patient's last known address at least sixty (60) days before closing, selling, or relocating the practice. The podiatrist shall indicate how, where, and for how long patient health care records may be retrieved after the office is closed, sold, or relocated.

Source: Notice of Final Rulemaking published at 58 DCR 8578, 8580 (October 7, 2011).

6899 **DEFINITIONS**

As used in this chapter, the following terms have the meanings ascribed:

Applicant - a person applying for a license to practice podiatry under this chapter.

Board - the Board of Podiatry established by § 210 of the Act, D.C. Official Code § 3-1202.10 (2001).

Health care record – a document, except for a birth or death record, a record of admission to or discharge from a hospital or other health-care facility, or medical image, such as an x-ray, that pertain to the history, diagnosis, or health condition of a patient and is generated and maintained in the process of providing health-care treatment, regardless of whether the document, record of admission, or medical image originated with or was previously in the possession of another health-care provider.

Podiatrist - a person licensed to practice podiatry under the Act.

The definitions in § 4099 of chapter 40 of this title are incorporated by reference into and are applicable to this chapter.

SOURCE: Final Rulemaking published at 35 DCR 955, 961 (February 12, 1988); as amended by Notice of Final Rulemaking published at 54 DCR 8072 (August 17, 2007); as amended by Notice of Final Rulemaking published at 58 DCR 8578, 8582 (October 7, 2011).